******Diabetes All Patient Registry Community Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHW Diabetes Program Start date for this page (DD/MM/YY): \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

***This is a list of all the diabetes patients in the community – needs updating every 3 months* Page Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Client #** | **Date****DD/MM/YY** | **First and Last Name** | **Sex****M/F** | **Date of Birth****DD/MM/YYYY** | **OHIP Number or****Band Number** | **Date of Diabetes Diagnosis****DD/MM/YYYY** | **Date of Last Retinal Exam****DD/MM/YYYY** |
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